FACILITY LOCATION PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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OMB No. 2040-0004
Approval expires 05-31-98 (62-63) ДŞ FREQUENCY OF ANALYSIS (64-68) ONCE/ YEAR 80 ONCE/ ONCE/ DAILY ONCE/ ONCE/ DAILY HUNON E E RVEL YEAR DATE 10 Š SAMPLE TYPE GRAB GRAB GRAB GRAB GRAB (69-70) SIVSS 9

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FACILITY LOCATION PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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U.S.C. § 701 AND 3 AND 3 U.S.C. § 7310. PENALTIES AND STREAMS TO SY AND SYDLATION. (3 Card Only) (46-53) **AVERAGE** QUANTITY OR LOADING SEE FROM 08 REPORT MAXIMUM PERMIT NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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FACILITY LOCATION **ADDRESS** DECK DRAINAGE -DECK DRAINAGE FREE OIL COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TOTAL AROMATIC HYDROCARBONS (TAqH) TOTAL AQUEOUS DECK DRAINAGE TOTAL VOLUME DECK DRAINAGE FREE OIL DECK DRAINAGE HYDROCARBONS (TAH) SUPT. - EP AMER. - SEPCo VINCENT C. PARAMETER (32-37) FLAXMAN ISLAND 3601 C STREET SUITE 1314 TYPED OR PRINTED ANCHORAGE, AK ROES PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT: PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT 6658 99503 CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERTY GATHER AND EXALUTE THE INFORMATION SUBMITTED. BASED ON MY HOUSE THE SYSTEM, OR THOSE PERSON OR PERSONS WHO MANGET HE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS OTHER BEST OF MY KNOWN EDGE AND ELECT TIME, ACURATE, AND COMPLETE, LAW AND ALL SHOWN A (3 Card Only) (46-53) **AVERAGE** QUANTITY OR LOADING FROM REPORT MAXIMUM (20-21) (22-23) (24-25) 80 YEAR PERMIT NUMBER AKG280003 0 M 0 O GALS SLINA MONITORING PERIOD 01 (4 Card Only) (38-45) 7 MINIMUM (26-27) (28-29) (30-31) 08 DISCHARGE NUMBER SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT QUALITY OR CONCENTRATION (54-61) 9 NO O 002 AVERAGE DAY The same NOTE: Read Instructions before completing this form Check here if No Discharge REPORT MO REPORT MO MAXIMUM REPORT REPORT TOTAI TOTAL 907 770-3700 SLINO TELEPHONE g/Lg/L NUMBER (62-63) 몃증 FREQUENCY OF ANALYSIS (64-68) ONCE/ ONCE/ ONCE/ YEAR 80 DISC ONCE/ ONCE/ HUSTL MONTH DATE 10 중 SAMPLE TYPE GRAB (69-70) GRAB VIS ISI SS 9 DAY

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME CUTTIT. OFFCTODT TATO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2:16)
(17-19)

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

SHELL OFFSHORE INC.

FACILITY LOCATION PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)
NAME CHETT. OFFCHODE TAYO **ADDRESS** FOAM SSIHď OILY SHEEN SANITARY WASTES SANITARY WASTES GARBAGE FLOATING SANITARY WASTES SANITARY WASTES BOD5 SANITARY WASTES MOTE SANITARY WASTES NAME/TITLE PRINCIPAL EXECUTIVE OFFICER SANITARY WASTES SUPT. - EP AMER. - SEPCO VINCENT PARAMETER (32-37) 3601 C STREET FLAXMAN ISLAND SHELL OFFSHORE INC. TYPED OR PRINTED SUITE 1314 ANCHORAGE, AK SOLIDS Ω Ŗη ROES SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT REQUIREMENT 6658 99503 PERMIT CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT CAUM LIFED PERSONNEL PROPERLY GATHER AND EXALUTE THE INFORMATION SUBMITTED. BASED ON MY RADULIRY OF THE PERSON OR PERSONS UND MAKE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED BY OTHER PERSON MEDICAN PENALTIES FOR SUBMITTED BY TO THE SEE FOR PAY MOVEMBER AND SUBMITTED BY THE PERSON OF ANY MOVEMBER AND SUBMITTED BY ANY MOVEMBER AND SUBMITTED BY THE PROSSBILLT OF PINE AND SUBMITTED BY THE POSSBILLT OF PINE AND SUBMITTED BY THE POSSBILLT OF PINE AND SUBMITTED BY TO SUBMITTED BY THE POSSBILLT OF PINE AND SUBMITTED BY TO SUBMITTED BY THE POSSBILLT OF PINE AND SUBMITTED BY TO SUBMITT (3 Card Only) (46-53) AVERAGE QUANTITY OR LOADING FROM 08 REPORT MAXIMUM NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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EPA Form 3320-1 (10-96)

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FACILITY LOCATION **ADDRESS** COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) TOTAL RESIDUAL SANITARY WASTES BACTERIA FECAL COLIFORM SANITARY WASTES NAME/TITLE PRINCIPAL EXECUTIVE OFFICER CHLORINE SUPT. - EP AMER. - SEPCO VINCENT C. PARAMETER (32-37) 3601 C STREET FLAXMAN ISLAND SUITE 1314 TYPED OR PRINTED ANCHORAGE, AK ROES PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT 6658 99503 CERTIFY UNDER PENALTY OF LAW THAY THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION MACQUISMANCE WITH AS SYSTEM DESIGNED TO ASSURE THAT COLM LIFED PERSONNEL PROPERLY GATHER, AND EVALUATE THE INFORMATION SUBMITTED BASED ON MY ROUGHRY OF THE PERSON OR PERSONS WHO MANUAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED AND THE PERSON OF MY KNOWNEDGE, AND BELLET TRUE, ACCURACLE, AND COMPETED MY KNOWNEDGE AND BELLET TRUE, ACCURACLE AND COMPETED AND ANALYSE THAY THERE ARE SHOWNEDGE AND BELLET TRUE, ACCURACLE AND ANALYSE MY AND ANALYSE MY ANALYSE M (3 Card Only) (46-53) **AVERAGE** QUANTITY OR LOADING (54-61) FROM MAXIMUM 08 (20-21) (22-23) (24-25) YEAR | MO | DAY PERMIT NUMBER AKG280003 09 STINU MONITORING PERIOD 01 (4 Card Only) (38-45) 7 MINIMUM YEAR MO DAY (26-27) (28-29) (30-31) 08 | 09 DISCHARGE NUMBER SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT QUALITY OR CONCENTRATION (54-) 003 AVERAGE 30 0 5 100 NOTE: Read Instructions before completing this form Check here if No Discharge MAXIMUM 1.0 200 907 770-3700 08 SLINA TELEPHONE mg/Lcolon /100 NUMBER (62-63) 凤 FREQUENCY ANALYSIS (64-68) ONCE/ YEAR R ONCE/ N H H H H H DATE 10 ⋛ SAMPLE TYPE GRAB GRAB (69-70) DAY 9

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME CURT I OFFCUODE TATO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) (17-19)

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

SHELL OFFSHORE INC.

FACILITY LOCATION PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)
NAME CUTT T. OFFICIODE TAYO **ADDRESS** MOTA DOMESTIC WASTES GARBAGE, OR FOAM FLOATING NAME/TITLE PRINCIPAL EXECUTIVE OFFICER DOMESTIC WASTES SUPT. - EP AMER. - SEPCO VINCENT C. PARAMETER (32-37) 3601 C STREET FLAXMAN ISLAND ANCHORAGE, AK SUITE 1314 SHELL OFFSHORE INC. TYPED OR PRINTED SOLIDS, ROES PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT 6658 SAMPLE 99503 CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WEEK PREPARED UNDER MY DIRECTION OR SUFFERVISION IN ACCORDANCE WITH AS YSTEM DESIGNED TO ASSURE THAT GOLM FIRE DEPOSONING. PROPERTY GATHER AND ENALURIE THE IN CHAMITION SUBMITTED BASED ON MY ROUGHRY OF THE CRESSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE SERVISION OF PERSONS WHO MANAGE THE SYSTEM, OR THOSE SERVISION OF PERSONS WHO MANAGE THE SYSTEM, OR THOSE SERVISION OF PERSONS WHO MANAGE THE MY PERSONS WHO PERSONS WHO MANAGE THE MY RESPONSIBLE OF MY KNOWN BEDSE MID SERVISION OF MAJE MORE OF MY KNOWN BEDSE MY BE (3 Card Only) (46-53) **AVERAGE** QUANTITY OR LOADING FROM 08 MAXIMUM REPORT NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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EPA Form 3320-1 (10-96)

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY LOCATION PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME CUTOTT ハロロCUCOTT TATO **ADDRESS** BOILER BLOWDOWN -FREE OIL BOILER BLOWDOWN -BOILER BLOWDOWN TOTAL VOLUME FREE OIL COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) NAME/TITLE PRINCIPAL EXECUTIVE OFFICER SUPT. - EP AMER. - SEPCo VINCENT C. PARAMETER (32-37) 3601 C STREET FLAXMAN ISLAND **SUITE 1314** SHELL OFFSHORE INC. ANCHORAGE, AK TYPED OR PRINTED ROES PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT 8999 99503 CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTROCHED WEEK PREPARED
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OMB No. 2040-0004

Approval expires 05-31-98 (62-63)ᄶ FREQUENCY OF ANALYSIS (64-68) ONCE/ ONCE/ ONCE/ MONTE YEAR 80 DATE 10 Š (69-70) SIVΗST SS 9 DAY

FACILITY LOCATION **ADDRESS** TEST WATER -OIL TEST FIRE OIL TEST FIRE VOLUME FIRE CONROL SYSTEM COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) NAME/TITLE PRINCIPAL EXECUTIVE OFFICER SUPT. - EP AMER. - SEPCO VINCENT C. CONROL SYSTEM WATER -WATER - FREE CONROL SYSTEM PARAMETER (32-37) 3601 C STREET FLAXMAN ISLAND ANCHORAGE, AK SUITE 1314 TYPED OR PRINTED FREE TOTAL ROES PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT 8599 99503 CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUBPRIVISION ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE HAT DAVILED PERSONNEL PROPERLY GATHER AND EXALTED THE UNSTEAM THO ASSURE PERSONS DESIGNED THE PERSON OR PERSONNEL PROPERLY GATHER AND EXALTED THE ENSTEAM OR THOSE PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED AND DESIGNED FOR THE PROPERTY OF THE PERSON OF THE PROPERTY OF THE ADDITIONAL SUBMITTED AND AND THE PERSON OF THE PROVIDED AND SUBMITTED AND AND THE PERSON OF THE PROVIDED AND THE PROVIDED AND THE PERSON OF THE PROVIDED AND THE PERSON OF THE PROVIDED AND THE PERSON OF THE PERSON OF THE PROVIDED AND THE PERSON OF THE PERS (3 Card Only) (46-53) AVERAGE QUANTITY OR LOADING FROM MAXIMUM REPORT 80 (20-21) (22-23) (24-25) YEAR MO DAY PERMIT NUMBER AKG280003 09 | 01 GALS SLIND MONITORING PERIOD (4 Card Only) (38-45) 7 MUNIMUM 08 (26-27) (28-29) (30-31) YEAR DISCHARGE NUMBER SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT QUALITY OR CONCENTRATION (54-53) 0MO 800 **AVERAGE** DAY 30 Check here if No Discharge NOTE: Read Instructions before completing this form REPORT MO REPORT MO MAXIMUM TOTAL TOTAL: 907 770-3700 STINO TELEPHONE NUMBER (62-63) 묫 FREQUENCY OF ANALYSIS (64-68) ONCE/ ONCE/ ONCE/ YEAR 80 MONTE PISCH DATE 10 Ş SAMPLE TYPE (69-70) VIS EST SS DAY 9

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME CHIEFT I OFFICIALE TATA

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(17-19)
(17-19)

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

SHELL OFFSHORE INC.

FACILITY LOCATION PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME CHRIT. OFFCHODE TIME ADDRESS NON-CONTACT COOLING NON-CONTACT COOLING WATER - FREE OIL NON-CONTACT COOLING NAME/TITLE PRINCIPAL EXECUTIVE OFFICER VOLUME WATER -WATER -SUPT. - EP AMER. - SEPCo VINCENT C. PARAMETER (32-37) 3601 C STREET FLAXMAN ISLAND TYPED OR PRINTED ANCHORAGE, AK SUITE 1314 SHELL OFFSHORE INC. FREE OIL TOTAL ROES SAMPLE MEASUREMENT PERMIT REQUIREMENT 6658 99503 LICERTEF VINDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTRICHMENTS WHERE PREPARED

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OMB No. 2040-0004

Approval expires 05-31-98 (62-63) МŞ FREQUENCY OF ANALYSIS (64-68) ONCE/ YEAR ONCE/ ONCE/ 80 HLINOM HOSIG DATE 10 Š SAMPLE TYPE (69-70)SIVEST

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

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FACILITY LOCATION PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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GUDT 1 ODDOLLODD TATO **ADDRESS** BALLAST WATER -COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) NAME/TITLE PRINCIPAL EXECUTIVE OFFICER BALLAST WATER -UNCONTAMINATED BALLAST WATER -UNCONTAMINATED UNCONTAMINATED TOTAL VOLUME FREE OIL FREE OIL SUPT. - EP AMER. - SEPCo VINCENT C. PARAMETER (32-37) 3601 C STREET FLAXMAN ISLAND TYPED OR PRINTED SUITE 1314 SHELL OFFSHORE INC. ANCHORAGE, AK ROES PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT 8599 99503 CERTIFY UNDER REJAUTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUBFRANCES WITH A SYSTEM DESIGNED TO ASSURE THAT COMMITTED DESIGNED TO ASSURE THAT COMMITTED DESIGNED TO ASSURE THAT COMMITTED IS TO THE BEST OF MY MOUSE FOR CATHERING THE INFORMATION, THE INFORMATION ASSURED FOR CATHERING THE INFORMATION, THE DIRECTION OF PRESONS DIRECTLY RESPONSIBLE FOR CATHERING THE INFORMATION, THE DIRECTION OF THE PROPERTY THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE ACCUMENT OF ALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING SUBS. SEE 18 U.S.C., \$1001 AUD SUBJ.C. \$1319. (Penallies under these absules may include these up to \$10,000 and or meximum imprisonment of between 6 months and 5 years.) (3 Card Only) (46-53) AVERAGE QUANTITY OR LOADING MAXIMUM REPORT NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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FACILITY LOCATION PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME CURT.T. ORFCHOD도 TNTC BILGE ADDRESS NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED

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ICERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALLAT ACHMENTS WERE PREPARED
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OMB No. 2040-0004
Approval expires 05-31-98 (62-63) ΩŠ FREQUENCY OF ANALYSIS (64-68) ONCE/ ONCE/ ONCE/ YEAR MONTH HOSTO HOUSE DATE 10 ŏ SAMPLE TYPE VIS (69-70)HSH លី លី 09 DĄY

FACILITY LOCATION PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME CHRIT. OFFICHORF TING **ADDRESS** SEAFLOOR - FREE OIL SEAFLOOR - FREE OIL NAME/TITLE PRINCIPAL EXECUTIVE OFFICER SEAFLOOR -CEMENT AT THE MUDS, CUTTINGS, & MUDS, MUDS, CUTTINGS, COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) CEMENT AT THE CEMENT AT THE VOLUME SUPT. - EP AMER. - SEPCO VINCENT C. CUTTINGS, PARAMETER (32-37) 3601 C STREET FLAXMAN ISLAND TYPED OR PRINTED SHELL OFFSHORE INC. ANCHORAGE, AK SUITE 1314 TOTAL ያን β'n ROES PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT 6658 99503 CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTROMBELTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION AND ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERTY GATHER AND EXALUTE THE INFORMATION SUBMITTED. BASED ON MY MOULTRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED AND STATE AND SUBMITTED AND S (3 Card Only) (46-53) AVERAGE QUANTITY OR LOADING FROM MAXIMUM REPORT NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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